CLAIMS ONLY

Application Number	Filing Date
10/674524	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1			1				51					
2				1			52					
3				1			53					
4				1			54					
5				1			55					
6				1			56					
7			1				57					
8				1			58					
9				1			59					
10				1			60					
11				1			61					
12			1				62					
13							63					
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41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep			3				Total Indep					
Total Depend			9				Total Depend					
Total Claims			12				Total Claims					